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APPLICATION FOR REINSTATEMENT	FLORIDA EPARTA Partial Andreas M Petary of DIVISION OF CORE	tham State	ETING THIS FOR	7010 -	
DOCUMENT # P95000044338			98 AUG 18 AM 11: 40		
1. Corporation Name MERCAM, INC			SECRETARY OF STATE TALLAHASSER, FLORIDA		
Principal Place of Business 239 DUNCAN HALL HENDERSONVIlle	Mailing Address Rd , N. C . 28	-SAME- 792			
If above addresses are incorrect in any way, line the 2. New Principal Office Address, if Applicable	If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.	Suile, Apt. #, etc		5. FEI Number Applied For		
City & State Zip Country	City & State Zip Coul	ntry 6.	CATE OF STATUS DESIRED	Not Applicable \$8.75 Additional Fee required	
7. Names and Street Addresses of Each Officer and		orations must list at least 3 directors		for a Certificate of Status	
Name of Officers and/or Directors	} +	Street Address of Each Officer and/or Director Use Post Office Box Numbers)	City	/ State / Zip	
PRES. PRITTER GRAHM	SmiTH 331 TI	itomas Rd,	HENDERSON	ville N.C.	
TRES. JACquelynn An	VJM174 331		/thmbias	ad ville N.C.	
		k	30000262 -08/20/98 *****515.0	01 092003	
Name and Address of Current Registered Agent Name			nd Address of New Register	ed Agent	
		Street Address (P.O. Box Num 25 76 4 C. AR Suite, Apt. #, Etc.	ber is Not Acceptable) ATTON Si	ale Zip Code	
10. I, being appointed the registered agent of the abo Signature of Registered Agent	ve named corporation, am familiar	with and accept the obligations or S	ection 607.0505, F.S. Date 8/14/	134135	
11. This corporation owes or ha Intangible Personal Propert	is paid the current ye y tax due June 30.	ear Yes 🗷 No 🗀		side for information itangible tax.)	
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolved by the corporation have been paid and the non this application is true and accurate, and my signal.	rer or trustee empowered to execut lution has been eliminated, the corp ames of individuats listed on this fo	porate name satisfies the requireme form do not qualify for an exemption	nts of section 607 0401 or 617	MAN I E S that at Man	
SIGNATURE: SIGNATURE AND TYPED OR PRIN	ITED NAME OF SIGNING ÖFFICER OR	DIRECTOR	8/14/98	Daylime Phone #	

20F2 MERCAM INC.

239 Duncan Hill Rd. Duncan Hill Commerce Center Hendersonville, NC 28792

> Telephone 704-692-5551 Fax 704-692-8871

08/14/98

Florida Department of State Divisions of Corporations 409 East Gaines Street Tallahassee, FL 32399

RE: Application for Reinstatement

ATTN: Corporate Division

My company, Mercam Incorporated, moved to North Carolina and never received our annual report. Thus, we are applying for reinstatement as a Florida corporation. I was quoted \$515.00 in order to have my reinstatement approved and am enclosing a check for this amount.

Should you have any questions regarding the Application for Reinstatement or require further personal information, please feel free to contact me at the above address or by phone at 1-800-418-9762 during regular business hours.

Thank you in advance for your expedience in this matter.

Sincerely,

Peter G. Smith

President